

Case Number:	CM14-0072273		
Date Assigned:	07/16/2014	Date of Injury:	03/19/1995
Decision Date:	12/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case is a 68 year old female with a date of injury on 3/19/1995. A review of the medical records indicates that the patient has been undergoing treatment for meniscal tear, torn lateral meniscus. Subjective complaints (1/13/2014) include pain in knee (3/10/2014) include "pain and catching in her knee" and "positive loose body". Objective findings (3/10/2014) include mild effusion, no point tenderness, full flexion. MRI (12/27/2013) revealed scarring in anterior notch, anterior lateral compartment arthrosis, moderate chondromalacia, and status post patellectomy. Treatment has included patellectomy (date unknown), meniscectomy. Medical notes did not note other treatment history. A utilization review dated 4/30/2014 non-certified right knee scope, debridement, meniscal repair with pre-operative medical clearance due to lack of documented failed conservative treatment and physical therapy three times per week for four weeks to right knee due to surgery being non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Knee Scope, debridement, meniscal repair with pre-operative medical clearance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee; CORR and JBJS, ACC/AHA 2007 Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Meniscectomy

Decision rationale: ACOEM states regarding surgical treatment of knee, "Referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee." Additionally, ACOEM explains regarding meniscus tears, "arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear - symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full - passive flexion); and consistent findings on MRI." Furthermore, "patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus." Official Disability Guidelines states regarding meniscectomy, "Indications for Surgery -- Meniscectomy: Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without physical therapy. 1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised physical therapy and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS 2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS 3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS 4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met)." (Washington, 2003) The medical records provided do not indicate any prior conservative care and the results of that care. The medical notes do indicate subjective locking and objective findings do detail effusion. MRI does not indicate meniscal tear. Only two of the four criteria above have been met. As such, the request for Right Knee Scope, debridement, meniscal repair with pre-operative medical clearance is not medically necessary at this time.

Physical Therapy three times per week for four weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee; CORR and JBJS; ACC/AHA 2007 Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: The California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." MTUS post-surgical states regarding "Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis", that post-surgical treatment should be "12 visits over 12 weeks". The request is for physical therapy 12 sessions. From the medical records, it is unclear if the treating physician is requesting pre-operative or post-operative physical therapy. As it pertains to pre-operative therapy, the current request for 12 sessions is in excess of the initial six therapy trial. After the completion of the six session trial, additional sessions may be requested. As it pertains to post-operative therapy, the requested surgical procedure above was deemed not medically necessary. Thus, the request for physical therapy is also not necessary. As such, the request for physical therapy three times per week for four weeks to the right knee is not medically necessary.